



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

August 7, 2015

Dana Forman
Forman AFC, Inc.
6585 Berrywine Road
Vanderbilt, MI 49795

RE: Application #: AS160378155
1 Oak
2160 M-33 Hwy.
Cheboygan, MI 49721

Dear Ms. Forman:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS160378155 |
| Applicant Name: | Forman AFC, Inc. |
| Applicant Address: | 6585 Berrywine Road Vanderbilt, MI 49795 |
| Applicant Telephone #: | (989) 306-1974 |
| Administrator/Licensee Designee: | Dana Forman |
| Name of Facility: | 1 Oak |
| Facility Address: | 2160 M-33 Hwy. Cheboygan, MI 49721 |
| Facility Telephone #: | (906) 630-0407 |
| Application Date: | 06/09/2015 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODOLOGY

| | |
|------------|--------------------------------------|
| 01/27/2015 | Inspection Completed-Env. Health : A |
| 06/09/2015 | Enrollment |
| 06/17/2015 | Application Incomplete Letter Sent |
| 07/23/2015 | Inspection Completed On-site |
| 07/31/2015 | Inspection Completed On-site |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a single story home located in a rural area approximately nine miles south of Cheboygan. The facility consists of a living room, kitchen/dining area, family room, 5 resident bedrooms, one resident bathroom, laundry/utility area, storage room and 1 staff bedroom and bathroom. The gas furnace and water heater are located in a crawl space with outside access.

The home has private water supply and sewage disposal system. On January 27, 2015, the home was inspected by the District Health Department #4 who determined that the home is in substantial compliance with applicable rules.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|--|----------------------|---------------------|
| 1 | 12'9" x 8' | 102 | 1 |
| 2 | 11'5" x 5'4", 5'10" x 3' 33" x 17" | 82 | 1 |
| 3 | 13' x 10' | 130 | 2 |
| 4 | 13' x 10' | 130 | 1 |
| 5 | 17'4" x 7' | 121 | 1 |

The indoor living and dining areas measure a total of 607 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to six male and female residents who are developmentally disabled, mentally ill or aged.

Programs for developmentally disabled and mentally ill residents will include social interaction, personal hygiene, activities of daily living, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation.

Programs for the aged residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers and churches. These resources provide an environment to enhance the quality of life and increase the independence, of residents.

C. Applicant and Administrator Qualifications

The applicant is Forman AFC, Inc., a "For Profit Corporation", was registered to transact business in Michigan on 05/20/15. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Forman AFC, Inc. has submitted documentation appointing Dana Forman as licensee designee and administrator for this facility.

Criminal history background check of the applicant was completed and she was determined to be of good moral character to provide licensed adult foster care. The applicant submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

The applicant, Dana Forman, is a licensed practical nurse since 2013. Prior she was a certified nurse assistant since 2008. She has worked in a nursing home in northern Michigan since 2007. She has provided direct care to developmentally disabled, mentally ill and aged residents in the nursing home. She has over four years' experience working in an administrative position at a large retail store and a restaurant.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged

that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six (6).

Marcia S. Elowsky

08/07/15

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

8/7/15

Betsy Montgomery
Area Manager

Date